## PIERCE COUNTY REPORT OF INCIDENT OR UNSAFE CONDITION JUL 1 6 2009

(Do NOT use to report County-owned VEHICLE damage OR County EMPLOYEE IN JUNE 18

Department	11111	Your Department's Risk Management BARS Code:
Pul	blic books Road Ops	150.100.6200.54290 .46.0030
Employee Completing Report	Employee Name Dowald T Cou.	furp
	Division, Section, Etc. Cparations	
	Work Address 4819 Roth ST E	Work Phone 798 - 600 0
Person Injured/Involved in the Accident or Incident	Name DONALD T CONTUC	Age 43
	Home Address 9(00) Udoth ST E	Home Phone
	Employed By:	Work Phone 798 6000
	What was the involved person doing at the time of accident or	incident? Ditching
Date, Time and Place	Date 7/7/09 Tim	
	Location 26300 BLK OF	Orville Rd
The Injury	Nature and extent of injury	
	Where was injured taken after accident?	Name of Doctor
	Why was injured on premises?	N/T
Property Damage or Theft of Property	Owner's Name Century tel	Home Phone
	Address Orting/Glahar	03/
	List damage: Phone line	<del></del>
		Police Case #:
	(Attach additional sheets if necessary.)	**************************************
	While ditching, dug Surface	up phone line 2" below
Description of Accident,	curface.	
Incident or Unsafe Condition	3	
	Locates Required? YES NO	Locate #:
Describe 1st Aid:		RKS - Did person resume skating? YES NO
Witnesses	Name Rod Amel Address	Wk Phone Hm Phone
	Name Address	Wk Phone Hm Phone
	Date, location and badge # or name of police authority to who	m incident was reported:
Date	Signature of Employee	Signature of Department or Agency Head
7/9/09	Hold Dough	Lon Della
Return completed	form to:	

PIERCE COUNTY RISK MANAGEMENT 955 Tacoma Avenue South, Suite 303 Tacoma, WA 98402



